

MINNESOTA POLLUTION CONTROL AGENCY
HAZARDOUS WASTE DIVISION
520 LAFAYETTE ROAD
ST. PAUL, MINNESOTA 5515
ATTN: HWIMS
Please TYPE (Form designed for use on elite (12-pitch) typewriter) or print LEGIBLY. Instructions on cover page.



OMB No. 2050-0039 EXPIRES 9/30/92

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No.  I A D 0 5 1 0 0 1 3 3 D	Manifest ocument No.	2. Page 1 1 of 1	required by	n in shaded area not r Federal law. Minne- equire Items H. and I.	
3. Generator's Name and Mailing Addres Eagle Signal Controls	from mailing address.)	ferent	MN 1	47302 enerator's II		
736 Federal St. Davenpor 4. Generator's Phone (3,1,9) 328-	-20 Sounty: Scott		b. State de	silerator S it		
5. Transporter 1 Company Name			C. State Transporter's ID 66278(ma)			
Clean Streams				D. Transporter's Phone 219–844–1161  E. State Transporter's ID		
7. Transporter 2 Company Name				F. Transporter's Phone		
9. Designated Facility Name and Site Ad	9. Designated Facility Name and Site Address 10. U.S EPA ID Number			cility's ID		
US Filter Recovery Service	es					
2430 Rose Place				H. Facility's Phone		
Roseville, MN. 55113	MND98109	12. Conta	THE RESERVE OF THE PARTY OF THE PARTY.	33-0079 13.	14.	
11. US DOT Description (Including Proper St. HM   a. xx   Waste Environmentall	hipping Name, Hazard Class, and ID Number)  y Hazardous Substances, so	No		Total L	Jnit t/Vol Waste No.	
	2008, 9, UN 3077 PG III	6	Dm .	330	G Doof Co	
b	-					
<b>c.</b>	R0030788		,			
	RCRA RECORDS CI	ENTER	<b>S</b> <sub>W</sub> .			
d,					PECETVEN	
				• • •	RECEIVED	
J. Additional Descriptions for Materials Li	isted Above		K. Handlin	g Codes for	Wastes Listed Above MAY 27 1994	
WP # 4918980	X				IOWA SECTION	
15. Special Handling Instructions and Add		. (31	ور ده	29-20	)50	
16. GENERATOR'S CERTIFICATION: I hereby de are classified, packed, marked, and labeled, a government regulations and all applicable s If I am a large quantity generator I certify that I l economically practicable and that I have selected threat to human health and the environment, or, if I management method that is available to me and the selected to me and the control of the selected threat to human health and the environment, or, if I management method that is available to me and the selected that the sele	nd are in all respects in proper condition for trans state laws and regulations.	sport by highw	ay according t	o applicable i	nternational and national	
management method that is available to me and the	nat I can afford.	0		oto gonorano	Date	
Printed/Typed Name	Signature	6. 1	7	10	Month Day Year	
Dick Erickson	Reseint of Materials	nee	Am		U.S. U. 29.9	
7. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature			11		Month Day Year	
ANDREW TO LEAM!	2 - 1771 1.	P. 3	Bohn	~	10502194	
18. Transporter 2 Acknowledgement of F	18. Transporter 2 Acknowledgement of Receipt of Materials				Date	
Printed/Typed Name	Signature				Month Day Year	
40 Pi				# 1. O		
19. Discrepancy Indication Space	led to item I do at.	tauli!	7. CL	5.4.94		
		-	The state of the s			
DO 1 1 -			RCRAI	FILE COPY		
		1	0000	TILE COPY 51 00/3	37	
20. Facility Owner or Operator: Certificat	ion of receipt of hazardous materials cov		manifest ex	CCEPT as not		
20. Facility Owner or Operator: Certificat Item 19.			0000	5100/3	Date	
20. Facility Owner or Operator: Certificat	ion of receipt of hazardous materials cov		manifest ex	5100/3		